PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2003									10	16	487		
CLAIMS AS SILED DADTI													
(Column 1) (Column 2)								SMALL: TYPE	ENTITY	OR	OTHER	R THAN ENTITY	
T	OTAL CLAIMS	3	27				ŀ	RATE	FEE	7	RATE	FEE	
F	OR .		NUMBER FILED .		NUMBER EXTRA			BASIC FI	₹ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			7) minus 20=		•			X\$ 9=		OR	X\$18=	126	
IN	DEPENDENT C	CLAIMS	U minus 3 =		• 1			X43=		OR	X86=	86	
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT		7			.345		1	.000	00	
* If the difference in column 1 is less than zero, enter *0" in column 2								+145=		OR	+290=	0.00	
CLAIMS AS AMENDED - PART II										OR	TOTAL	982	
(Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN		
۲		CLAIMS REMAINING		HIGH	ST	PRESENT	Г		ADDI-	1		ADDI-	
AMENDMENT		AFTER AMENDMENT		PREVIO	USLY	EXTRA	ll	RATE	TIONAL		RATE	TIONAL FEE	
	Total	.24	Minus	- 3	7	=		X\$ 9=		OR	X\$18=		
	Independent	. 4	Minus		4		<b> </b>	X43=			X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									POR		-	
							L	+145=		OR	+290≖		
·								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT B	111106	REMAINING AFTER	· .	NUMB	ER	PRESENT		RATE	ADDI- TIONAL	]		ADDI-	
	11 1/00	AMENDMENT		PREVIO		EXTRA	l L	RAIE	FEE		RATE	TIONAL FEE	
	Total	• 17	Minus	· 2/	<i></i>	=		X\$ 9=		OR	XS W		
	Independent FIRST PRESE	HT A S Minus SHOW Y		SENDENT	CI AIN	X43=		X43=		OR	X46		
				CHOCH	Ç-C-Alm	<u> </u>	Γ	+145=		OR	+290=		
							L	TOTAL		OR	TOTAL		
		(Calumn 1)		/Cohem	- 2\	(Caluma 3)	A	DOIT. FEE	<u> </u>	JUN ,	VOOIT. FEEL		
ပ	`	CLAIMS		· HIGHE	ST	(Column 3)	_		ADDI d	•		4001	
		REMAINING AFTER AMENDMENT	•	PREVIOL PAID FI	ISLY	PRESENT EXTRA		RATE	ADDI- ·		RATE.	ADDI- TIONAL	
AMENDMENT	Total		Minus	••		-	r	X\$ 9=	FEE	OR	X\$18=	_FEE_	
	Independent	•	Minus	***		=	⊢			<u>- ا</u>			
<u> </u>	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (	MIAL		·	:X43=		OR	X86=		
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.										OR	+290=		
11	DI HADDOST NO.	nder Provincely Pai	d For IN THU	S SPACE IN I	pea thos	20	AF:	TOTAL OIT, FEE	·	OR .	TOTAL DOIT, FEE		
Ť	he Trighest Numi	niber Previously Paid ber Previously Paid	s For IN THE For (Total or	S SPACE to I Independen	less than i) is the i	3, enter 3.° highest number			propriate box				